

AFFIDAVIT OF NAME CHANGE

LICENSE/REGISTRATION NUMBER	YEAR	MAKE	SERIES/BODY STYLE
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN)			

PLEASE COMPLETE ONLY THOSE SECTIONS THAT APPLY

I am submitting a name change, on the vehicle or vessel described above, for the following reason(s):

STATEMENT TO CORRECT MISSPELLED NAME	PLEASE TYPE OR PRINT
THE CORRECT SPELLING OF MY NAME IS:	
NAME	LAST FIRST MIDDLE

STATEMENT OF ONE AND THE SAME PERSON	PLEASE TYPE OR PRINT
I, NAME LAST FIRST MIDDLE	
AND, NAME LAST FIRST MIDDLE	
ARE ONE AND THE SAME PERSON.	

CHANGE OF NAME - INDIVIDUAL ONLY	PLEASE TYPE OR PRINT
FROM: NAME LAST FIRST MIDDLE	
TO: NAME LAST FIRST MIDDLE	
REASON FOR NAME CHANGE: _____	
DATE: _____	

I certify that the above statement(s) is/are true and correct and is/are not for the purpose of defrauding creditors.

X _____
 REGISTERED OWNER'S SIGNATURE ★ DOL Customer Account Number

★ The **DOL CUSTOMER ACCOUNT NUMBER** is found on the Washington Driver's License or Identification Card (12 digits) or if the owner is a business it is the UBI number found on the business Registration & Licenses Document (9 digits).

NOTARY SEAL OR STAMP	NOTARIZATION / CERTIFICATION	
	State of Washington	Signed or attested
	County of _____	before me on _____
	by _____	Signature _____
	Printed Name of Person Signing Document	Notary / Agent Signature
	Notary's Name (PRINTED or STAMPED) _____	
	Dealer No. OR	
Title _____	AND: County / Office No. OR	
Notary / Agent	Notary Expiration Date _____	

*The Department of Licensing has a policy of providing equal access to its services.
 If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.*